



**Texas Department of Health
Application for Hardship Exemption**

Budget No: ZZ020
FUND: 124

I. Instruction

To apply for a hardship exemption, please submit a completed application (with all supporting documentation), a \$25.00 application fee including the payment coupon and mail these to the address on the payment coupon.

A hospital, federally qualified health center (FQHC) as defined by 42 U.S.C. Section 1396d or practitioner may apply to the Texas Department of Health (TDH) for an exemption from employing a medical radiologic technologist (MRT), limited medical radiologic technologist (LMRT), or non-certified technician (NCT). A practitioner is a doctor of medicine, osteopathy, podiatry, or chiropractic licensed in Texas and who prescribes radiologic procedures for other persons.

II. Applicant Information

- A. Name of applicant (practitioner or institution) _____
- B. Type of applicant (please circle the correct one) - hospital - practitioner - FQHC
- C. Name & phone # of contact person _____
- D. Physical address where radiologic procedures are performed _____
City/State/Zip _____
- E. Mailing address _____
City/State/Zip _____
- F. Name of supervising practitioner (if applicant is a FQHC or hospital) _____

- G. Name of practitioner's licensing board _____
- H. Hospital or Practitioner's license # _____ (attach a copy).
- I. FQHC applicants: Please attach a copy of current FQHC certification. Initial here confirming that a copy is attached _____.

III. Hardships

Check ONE hardship only. For the exact wording of each hardship clause and the additional application materials required, see §143.19. **PLEASE ATTACH A SEPARATE SHEET LISTING THE NAME(S) OF PERSON(S) PERFORMING PROCEDURES.**

- _____ (1) Inability to attract or retain an MRT or LMRT (attach narrative).
_____ (2) More than 50 miles from the nearest school of radiologic technology (RT). The name & location of nearest school _____

_____ (3) Nearest RT school has a waiting list of school applicants. The name & location of nearest school _____

_____ (4) The need of the applicant for graduates in medical radiologic technology exceeds the number of graduates from the nearest school of radiologic technology. The name & location of nearest school _____

_____ (5) Emergency conditions have occurred during the 90 day period immediately before the date of this application (attach a separate sheet describing the emergency).

- _____ (6) The U.S. government has declared a state of war which is in effect at the time of application.
- _____ (7) Equipment used is limited to a bone densitometer and the operator has completed training.
- _____ (8) Equipment used for imaging upper extremities only is limited to a hand-held fluoroscope with very limited operating capacity and the operator has completed training.
- _____ (9) DELETED 9/5/2001.
- _____ (10) DELETED 9/5/2001.
- _____ (11) The applicant employs for the purpose of performing radiologic procedures, a person who is registered to take the Texas Medical Association's/Texas Osteopathic Medical Association's Physician's Training program approved by the department under one of the above requirements (1) – (8). Please circle ONE of the appropriate justifications out of (1) (2) (3) (4) (5) (6) (7) (8) .

IV. AFFIDAVIT

_____ (practitioner, hospital, FQHC), being duly sworn according to law, deposes and says that she/he is the person referred to in this Hardship Exemption, that the statements herein contained are true in every respect; and that she/he has read and understands this affidavit; has read and will abide by the rules and regulations relating to the Hardship Exemptions as specified in §143.19 and relating to dangerous or hazardous procedures as specified in §143.16; understands that the exemption must be reapplied for annually and the applicant must meet the then current requirements for a hardship exemption. Furthermore, the applicant agrees that a hardship exemption granted by the department does not constitute licensure, certification, registration, or authorization to perform a dangerous or hazardous radiologic procedure or mammography.

Signature of Applicant _____
(licensed practitioner, FQHC, or licensed hospital)

Subscribed and sworn to before me this _____ day of _____.

NOTARIAL SEAL
(Must include expiration date)

Notary Public Signature

Typed/Printed Name of Notary

Mail to:

TEXAS DEPARTMENT OF HEALTH
Attn: MRT Program
P O Box 12197, Capitol Station
Austin, TX 78711-2197

**A hardship exemption is issued for 1 year and is not renewable;
a new application is required.**

Before radiologic procedures may be performed, the person performing the radiologic procedure must be registered under the practitioner's license with his/her licensing board.

****PLEASE ALLOW 30 DAYS FOR PROCESSING****

Most of the hardships require submission of a sworn affidavit and in some instances a narrative. The following are additional items that are needed to complete the application. There may be other items described in the rules at §143.19 which are also required.

HARDSHIP #2: Applicant is located more than 50 miles from a “school” of radiologic technology.

The “schools” are listed on the attachments and do not include the “NCT training programs”. For the purpose of the hardship exemption, only these “schools” are considered.

Determination of distance will be made by TDH using the official state mileage guide maintained by the Texas Comptroller of Public Accounts. Interested persons and applicants may access the mileage guide to determine if the distance between the applicant’s city and the city where the “school” is located are more than 50 miles apart by using the comptroller’s web site at

<http://www.window.state.tx.us/comptrol/texastra.html>

The mileage is determined from the “center” of each city. For example, the center of the city of Austin, for the purpose of the mileage guide is, located at the intersection of 5th Street and Congress. In Fort Worth, the center is the intersection of I-35 and I-30.

If the mileage between cities is less than 50 miles, but intracity mileage from the applicant’s city to the city where the “school” is located increases the total mileage to more than 50 miles, please give specific detailed information.

HARDSHIPS #3-4: The nearest “school” of radiologic technology has a waiting list of school applicants, or the need for graduates exceeds the number of graduates.

On the hardship application list the nearest school which appears on pages 3 and 4 attached. The list does not include the “NCT training programs”. For the purpose of the hardship exemption, only these “schools” are considered.

HARDSHIP #7: Bone densitometry.

Copies of the certificates of completion must be submitted along with the application form for the training completed by the operator of the densitometry unit(s). The date(s) the training for radiation safety and protection was completed must be within the two-year period immediately preceding the date of the current application for the hardship.

Submit a copy of the current certificates of registration (C/R) issued by the Bureau of Radiation Control.

HARDSHIP #8: Hand-held fluoroscope with limited operating capability used for extremities only.

Submit a copy of the current certificate of registration (C/R) issued by the Bureau of Radiation Control and an affidavit describing the:

1. specific type of equipment used and the manufacturer’s specifications (must match the machine described on the C/R)
2. type(s) of radiographs performed;
3. training completed by the operator of the equipment describe in 1 above;
4. radiation safety measures taken for the patient, operator and others; and
5. supervision provided by an MRT or practitioner to the operator.

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a <http://www.tdh.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 522.021, 522.023 y 559.004)

DETACH AND MAIL WITH APPLICATION AND FEE

MRT HARDSHIP EXEMPTION APPLICATION PAYMENT COUPON

BUDGET: ZZ020

FUND: 124

NAME _____

SS# _____

**YOU MUST RETURN
THIS COUPON WITH
YOUR PAYMENT.**

NO PERSONAL CHECKS.

AMOUNT OWED: \$ \$25.00.

PLEASE RETURN TO:

TDH/MEDICAL RADIOLOGICAL TECHNOLOGIST CERT. PROGRAM
P. O. BOX 12197
CAPITOL STATION
AUSTIN, TEXAS 78711-2197